



02570 U.S. PTO

030204

Certificate of Mailing


Date of Deposit: March 2, 2004

Label Number : ER044715099US

I hereby certify under 37 C.F.R. § 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

John F. Perullo

Printed name of person mailing correspondence


Signature of person mailing correspondence

22782 U.S. PTO

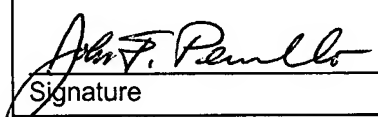
10/791102



030204

UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 C.F.R. 1.53(b)

Attorney Docket Number	HM-04-PT-02-NP
Applicants	Phillip B. Dolliver, Mark E. Saunders, Alec Bobroff
Title	Surgical Wound Drain Tube With Flow Control Safeguards
PRIORITY INFORMATION:	
NONE	
SMALL ENTITY STATUS:	
Applicant does not claim small entity status under 37 C.F.R. §1.27.	
APPLICATION ELEMENTS:	
Cover sheet	1 page
Specification	13 pages
Claims	3 pages
Abstract	1 page
Drawings	6 sheets
Combined Declaration and Power of Attorney, which is: <input type="checkbox"/> Unsigned; <input checked="" type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application [**SERIAL NUMBER**] and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	2 pages
Preliminary Amendment	[**] pages
Information Disclosure Statement	[**] pages
Form PTO 1449	[**] pages
Cited References	[**] references
Recordation Form Cover Sheet and Assignment	[**] pages
English Translation	[**] pages
Certified Copy of Priority Document	[**] pages
Non-publication Request under 35 U.S.C. § 122(b).	[**] pages

Request for Deferral of Examination under 37 C.F.R. § 1.103(d)	[**] pages
Return Receipt Postcard	1
FILING FEES:	
Basic Filing Fee: \$770/\$385	\$770
Excess Claims Fee: (11-20)= 0 x \$18/\$9	\$****
Excess Independent Claims Fee: (4 -3)= 1 x \$86/\$43	\$86
Multiple Dependent Claims Fee: \$290/\$145	\$****
Total Fees:	\$856
<p>X Enclosed is a check for \$856.00 to cover the total fees.</p> <p><input type="checkbox"/> Charge [**AMOUNT**] to Deposit Account No. _____ to cover the total fees.</p> <p><input type="checkbox"/> The filing fee is not being paid at this time.</p> <p><input type="checkbox"/> Please apply any other charges or any credits to Deposit Account No. _____.</p>	
CORRESPONDENCE ADDRESS:	
<p>John F. Perullo Reg. No. 39,498 Haemonetics Corporation 400 Wood Road Braintree, MA 02184-9114</p> <p style="text-align: right;">Telephone: 781-356-9377 Facsimile: 781-356-3558</p>	
CUSTOMER NO.: 41883	
 Signature	3/2/04 Date

Certificate of Mailing

Date of Deposit: March 2, 2004

Label Number: ER044715099US

I hereby certify under 37 C.F.R. § 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" service with sufficient postage on the date indicated above and is addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

John F. Perullo

Printed name of person mailing correspondence

Signature of person mailing correspondence

APPLICATION
FOR
UNITED STATES LETTERS PATENT

APPLICANTS

: Phillip B. Dolliver
Mark E. Saunders
Alec Bobroff

TITLE

: **SURGICAL WOUND DRAIN TUBE WITH FLOW
CONTROL SAFEGUARDS**